

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number 91857-234		Filing Date					
							Applicant(s)							
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
		Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1		1						51						
2			1					52						
3			1					53						
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13			2					63						
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15			1					65						
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17	1							67						
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19			2					69						
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44			1					94						
45			3					95						
46			3					96						
47								97						
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49								99						
50								100						
Total Indep	4							Total Indep						
Total Depend	65							Total Depend						
Total Claims	69			</										